

FORM PTO-1083

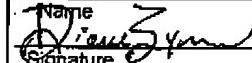
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7/8/03
MSBAttorney Docket No. 81800.0011
Patent Application No. 09/428,836

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:
Yoshifumi TANIMOTO
 Serial No: 09/428,836
 Filed: October 28, 1999
 For: NETWORK PRINTING APPARATUS

Art Unit: 2622
Examiner: M. Mitchell

I hereby certify that this correspondence
is being transmitted via facsimile to (703)
872-9314: Commissioner for Patents,
P.O. Box 1450, Alexandria, VA 22313-
1450 on

July 8, 2003
 Date of Deposit
 Diane Zynn
 Name

 Signature 07/08/03
 Date

Mail Stop Non-Fee Amendment
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- Small entity status has been claimed. See 37 CFR § 1.27.
 A certified copy of _____ Patent Application No. _____ filed _____ from which priority is claimed under 35 U.S.C. § 119 is enclosed.
 A Notice Of Change Of Attorney's Address and Associate Power Of Attorney is enclosed.
 No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE		ADD'L FEE DUE
TOTAL CLAIMS FEE	12	-	20	**	0	LG=\$18 SM=\$9	\$ 0
INDEPENDENT CLAIMS FEE	3	-	4	***	0	LG=\$84 SM=\$42	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS						LARGE ENTITY FEE = \$280 SMALL ENTITY FEE = \$140	\$ 0
Independent Claims: 4, 8, 15						TOTAL	\$ 0

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- A check in the amount of \$ 0 to cover the additional claims fee is enclosed. A copy of this sheet is enclosed.
- A check in the amount of \$ 0 to cover the extension fee is enclosed. A copy of this sheet is enclosed.
- The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. A copy of this sheet is enclosed.
- Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
- Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,
 HOGAN & HARTSON L.L.P.

By: Erin P. Madill

Erin P. Madill
 Registration No. 46,893
 Attorney for Applicant(s)

Date: July 8, 2003

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